Health	Department,	City of	Baltimore.	10
Permit No. 99390	Office of Registra	r of Vital Sta	tistics. Ward	6
to the Undertaker or other person s requested so to do, under penalty of	ny person in a last illness, is resp superintending the burial, within law. r FOR BURIAL CAN BE OBTAIN	twenty four hours after	the death of said deceased,	rately filled out, or sooner, if
		Torva a no vo W. Bull		and a
CER	TIFICATE	OF DI	EATH.	1
Date of Death,		9. 1887		
Full Name of Deceased,	Write legibly and spell correctly. If an Infant not named, give names of parent.	recone	Heek	
Sex, Male or Female, { Cross required				-
$Age,$ Z_{f}^{g}	Years,	Months,	. /	Days.
Color,	10	hule		
Married, Single, Widow o	r Widower, {Cross out the word required in this lin	is not }		
Occupation,		Tomuck	Maker	4
Birth Place, State or country, and long in the United Sif of foreign birth.	d how }	Balt. 1	Med:	
Duration of Residence in	the City of Baltimore,	fr f	chiene	
Place of Death, Give Street an Number.	d) 415 /6	Cha p	Ble	
First (Pri	mary).	keuma.	tie Fren	er 1
Cause of Death, $\left\{egin{array}{l} ext{First (Prince)} \\ ext{Second (I)} \end{array} ight.$	mmediate),	udo ca	rolitis	
Duration of Last Sicknes All the above information should be f		f wee	ho	
Place of Burial, The	unt bern	The s		
607	nil 2/1889	4.6 i	Jul.	
(Undertaker, John	n Honeicy		Medical Attendant.	M. D .
Place of Business, 20	08 Onleans	dress for	16. Ba.	12.41

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

	mo to recoposording introod os en-	mummer as volum, and to i	use of diseases on back of C	nis Certificate
Health	Department	dity of	Baltimore.	
Permit No. 99391	Office of Registr	or of Vint St	atistics Ward	6-
The Physician who attended	l any person in a last illness, is r	esponsible for the present	ation of this Certificate, acc	urately filled on
to the Undertaker or other person requested so to do, under penalty	of law.	1 11 47. 153434	-	l, or sooner,
NO PERI	MIT FOR BURIAL CAN BE OBTA	NV/	FR CERTIFICATE.	13
CEF	RTIFICATE	OF D	EATH.	
Date of Death,	Oh	il 21-	1887	
Full Name of Deceased,		tenesa H	logan	
Sex, Male or Female, { re	ross out the word not }			
Age,	Years,	6 Months	s, ~	4 Days
Color,		White	- [
Married, Single, Widow	or Widower, Cross out the very required in this	vords not }	\	
Occupation,			•	
Birth Place, State or country, long in the Unite if of foreign birth	and how d States,	Fallenger	o cig	
Duration of Residence		re, Life	luise	
Place of Death, Give Street	and} 205	A Ran	te 82	
(First (I	Primary),	ntetion	2	
	(Immediate), Con	nulsivi	5	
Duration of Last Sickn All the above information should be		ur da	y	
Place of Burial, Jo	you Bree			
Date of Burial, c	2ril 23 /85	des.	7 -0-	
(Undertaker, Ph	Achalien 1	Hall	Mullia	M. D.
Place of Business,	2. funt 4	Address 473	W Broad	ma,

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

car tit	70	M:1 1 90		
Health	Department,	and of w	ammore.	. 20
Permit No. 99392	Office of Registrar	of Vital Statis	stics. Ward	37
The Physician who attended an to the Undertaker or other person su	y person in a last illness, is resp	ensible for the presentation	of this Certificate, accura	tely filled out, or sooner, if
requested so to do under nensity of	aw. FOR BURIAL CAN BE OBTAIN			7
		CTIMORE MY	1	
CER	TIFICATE	OF DE	AIM.	
Date of Death,		1887		
Full Name of Deceased, &	Vrite legibly and spell porrectly. If an Infant of names, give names	Henry 7	rece on	can
Sex, Male or Female, requi	red in this line.		· xvvrxvmw·	
Age, 32	Years,	Months,		Days.
Color,	IN.	hile		
Married, Single, Widow or	Widower, { Cross out the work required in this li	ds not }		
Occupation,		Gro cer		
Birth Place, State or country, and long in the United S	t how tates,	Balt	Med.	
Duration of Residence in	the City of Baltimore	, Jegan	fruit	,
Place of Death, Give Street and Number.	11 6 9	Freamo	int at	
First (Pri	mary) 100 9	resoure	pavaly	sio
Cause of Death, First (Pri	mmediate),	Charx is	as I	
`	1/	horrk.	97)	
Duration of Last Sicknes All the above information should be f	8,	0		
Place of Burial, Hon	y fedume 8	am.	7	
Date of Burial, Alle	1. 99 ed 84	66 V	11.16	
(Undertaker, 9.	France	7. ×. XX	Medical Attendant.	M. D .
3	1-0/9/11	12 - Lon	a. D.	10
(Place of Business, //2	my & Moye sa	ddress, to o		

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

2

Bealth Bepartment, City of Baltimore.
Permit No. 99393 Office of Registrar of Vital Statistics. Ward 3
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled on the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH Coulsehme
Date of Death, 1587
Full Name of Deceased, write legibly and spell correctly. If an Infant of parents, of parents,
Sex, Male or Female, {Cross out the word not }
Age, Years, Months, Day
Color, // frite
Married, Single, Widow or Widower, Cross out the words not }
Occupation, ()
Birth Place, State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and }
Cause of Death, Second (Immediate), Second (Im
Duration of Last Sickness, All the above information should be ferroughed by the Physician.
Place of Burial, St. Alphonous Comof
Date of Burial, Afer 22 nd 8/11
(Undertaker, G. Thance) Medical Attendent
Place of Business, Jan & Wolf Standards, 111 & Bus de de
Extract from Pagulations of the Pound of Health to escure a full and connect record of the Mital Statistics in the

City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish with twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Bealth, Department, City of Baltimore.
Permit No. 99394 Office of Registrar of Vital Statistics. Ward 7
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled and to the Undertaker or other person superintending the burial, within menty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, Opril 20 188/
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Years, Months, Days
Color, It hile
Married, Single, Widow or Willower, {Cross out the words not }
Occupation, None
Birth Place, {State or country, and how long in the United States, of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 1208 16. Prof
Cause of Death, { First (Primary), Orsmature barth Second (Immediate), On antion
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, Hochy Bedenmer
Date of Burial, Affril 22 1889 (188)
(Undertaker, & Finh & Son & Conwainen M. D.
Place of Business, 915 A. Gay St Address, 933 7 Brookway

Section 2. And be it further exacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Permit | The to the U requeste

Date

Sex, 1

Full 1

Age,...
Color,

Marri

Occup.
Birth

Durat

Place

Cause

Durat

Place

Date (

 $\begin{cases} Pla \end{cases}$

Extract

SECTOR SECTION OF THE SECTION OF THE

Bealth Department, City of Baltimore.
Permit No. 99395 Office of Registrar of Wital Statistics. Ward /2
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertoker or other person superintending the burial, within wenty four hours after the death of said deceased, or sooner, it requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, April 20 12 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Inlant of parents.}
Sex, Male or Female, {Cross out the word not } required in this line.
Age, 67 Years, Months, Day
Color, White
Married, Single, Widow or Widower, {Cross out the words not } required in this line.
Occupation, Paver,
Occupation, Birth Place, {State or country, and how long in the United States, if of foreign birth. State or country, and how long in the United States, l
Duration of Residence in the City of Baltimore, 37 years - V
Place of Death, (Give Street and) 556 Preston / 8
Cause of Death, First (Primary), Asthura
Duration of Last Sickness, 5 days.
All the above information should be furnished by the Physician.
Place of Burial, Germen Leuthenand Fruity
Date of Burial, April 32 = 1887 1 1m Tucker N D
(Tindowtalom A charte Willand)

Place of Business, 1006 Suid Hillothe Address, Terma

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Permit No. The Physician who attended a to the Undertaker or other person s	Depai	rtment. O	ith of A	Raltin	mre
Permit No. 99396	Office of	Begistrar or	Visial Cont	indian	w.
The Physician who attended a to the Undertaker or other person s	ny person in a la	ast illness, is responsib	le for the presentation	on of this Cer	ward tificate. acc

burial, within twenty-four hours after the death of said deceased, or somer, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CLITITIONIE	OF DEATH	
Date of Death,	mo 20, 1887	
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.	Samuel Ste	mus
Sex, Male or Female, {Cross out the word not }		orus
Age, Years,	Months.	Danie
Color, Thix	e I	Days.
Married, Single, Widow or Widower, {Cross out the words	s not)	
Occupation,	milder V	
Birth Place, {State or country, and how long in the United States, if of foreign birth.	Balhinore	7
Duration of Residence in the City of Baltimore,	2 dina	
Place of Death, {Give Street and } 42	o Frankles	,
Cause of Death, $\begin{cases} & \text{First (Primary),} \\ & \text{Second (Immediate),} \end{cases}$	Steart Driego	u.
Duration of Last Sickness, All the above information should be furnished by the Physician	2 days	ralysis
Place of Burial, Western Cem.	. 0	
Date of Burial, April 22.	4000	
Undertaker, Walter Immed	Mattenny	7 M. D.
Place of Business, 594 W. Roddadd	ress. Con Front Helical Attendant	4

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the date of twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as and date of death.

Health	Departmen	t, City of	Baltim	ore.	
Permit No. 7907	Office of Registr	rar of Vital S	statistics.	Ward O	
The Physician who attended a to the Undertaker or other person s requested so to do, under penalty of	ny person in a last illness, is superintending the burial, wi	responsible for the presentin twenty-four hours at	entation of this Cer ter the death of sa	id deceased, or soone	lout, r, if
	1-	-		0.	
	TIFICAT		EATH	I. •••	
Date of Death,	12ml 21.1	1887			
Full Name of Decease	Write legibly and spell rectly. If an Infant pamed, give names rents.	ty man	· Lov	Iman,	
Sex, Male or Female, freque	at the word not }				
Age,	Years,	Mont	ths,	Da	vys.
Color,	White	-, -, -, -, -, -, -, -, -, -, -, -, -, -			
Married, Single, Widow o	Widower, {Cross out the	words not }	V		
Occupation,		Trone	<i></i>		
Birth Place, State or country, and long in the United State of foreign birth.	d how states,	elo Ce	7,		
Duration of Residence in	the City of Baltime	ore, Les	Ellen	-	
Place of Death, Give Street an Number.	d} [141	IME	Keld.	y st	
se of Death, { First (Pri	-	lang o	wheli	itis,	
stion of Last Sicknes	mmediate),	24 hu	7,	acou.	
All the above information should be f	urnished by the Physician.	1			
Place of Burial, Rus	· · · · · · · · · · · · · · · · · · ·	m)	-		
Date of Burial,	nil 2407	Totalla	Lanne	leade	
J Undertaker Nand	Myrhan	1000	O Medic	M. M. Attendant.	D.
Place of Business,)	Address, 30%	n h	il to	2

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the daty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Place of Business,

	A CONTRACTOR OF THE PROPERTY O
Board of Health, City of Baltim	104
Permit No. 999 Office of Registrar of Vital Statisti The Physician who attended any person in a last illness, is responsible for the presentation of t	his Certificate accurately filled and
to the Undertaker or other person superintending the burial, within twenty-four hours after the drequested so to do, under penalty of law. No Permit for Burial, can be Obtained without a Proper Certi	eath of said deceased, or sooner, I
CERTIFICATE OF DEA	THE DEPARTME
Date of Death, april 21st 1887	APR 22 18-7
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names } Rohelm, I, Ih	elfor MORE
Sex, Male or Female, {Cross out the word not }	
Age, Months,	Days
Color, White)/
Married, Single, Widgw or Widower, { Cross out the word not }	
Occupation Mirehant	
Birthplace, {State or country, and how long in the United States.} (Carolina Cara Cara Cara Cara Cara Cara Cara Ca	
Duration of Residence in the City of Baltimore, Week,	
Place of Death, (Give street and) 344 Legingle	na Rr
Cause of Death, First (Primary), Lescase of Primary,	-
Second (Immediate). Suppose faralysis	Iwas not
Duration of Last Sickness, All the above into many mould be againshed by the Masters	
Place of Burial, Mendea Or. 6.	
Date of Burial, April 23/8/	riles N.D.
(Undertaker Genny Whelchell)	Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Address,

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within orty-eight hours after the death, to the Undertaker or other persons superintending the Purial, a conflict at setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or six gle) of the person deceased, and the cause and late of death, except in cases of births and deaths of illegitimate children.

Place of Business,

Bealth Department, City of Baltimore.
Permit No. 99399 Office of Registrar of Vital Statistics. Ward //
The Physician whe attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled
out, to the Undertaker of other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH DEPORT
Date of Death, Africe 21 52 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not } hemale
Age, 72 Years, Months, Days
Color, White
Married, Single, Widow or Widower, {Cross out the words not } Lordow
Occupation,
Birth Place, {State or country, and how long in the United States, if or foreign birth.
Duration of Residence in the City of Baltimore, Tiffeen years
Place of Death, {Give Street and } 906 St Paul Street
First (Primary), Chemin chinan of organs of Circulation and Verpinter
Cause of Death, Second (Immediate), Paralysis
Duration of Last Sickness, Level months
Place of Burial, Wilmin aton &
Data of Paris Chaill's sal
(Undertaken) C Wied let Mrs: Chydellartin M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

CAddress, 24 Mount Vernon &

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death [OVER.]